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HB Senior Long Term Care
AARP

IMPACT OF COMMUNITY FIRST CHOICE IN MONTANA

Refinancing Services that Help Aging and Disabled Montanans Live at Home

Community First Choice Option: The proposed budget for the coming biennium includes a request (NP 22222) for \$17 million in federal spending authority to be used to refinance and enhance Montana's system of Medicaid funded in-home personal assistance services, which enable older adults and those with disabilities to continue to live in their own homes. The proposal, which does not require any additional state money, calls for "refinancing" the existing Medicaid Personal Assistance (PAS) program under the new Medicaid Community First Choice Option (CFCO). CFCO provides an on-going 6% increase in federal matching funds when compared to the current Personal Assistance Services (PAS) match rate.

Compatibility of Montana PAS with CFCO: while in many states the additional requirements of CFCO are likely to be a cause for concern when considering whether or not to adopt a new option – that should not be the case here in Montana. Key elements of Montana's Medicaid PAS – many of which are not present in other states' personal assistance service programs – make Montana PAS extremely compatible with CFCO. The CFCO compatible features of the Montana Medicaid PAS program include:

1. Montana's PAS program already provides order for both Activities of Daily Living (such as bathing, eating, toileting, and dressing), and Instrumental Activities of Daily Living (such as shopping, money management, and light housekeeping), as is required by CFCO;
2. The option to choose Agency with Choice, a consumer-controlled, self-directed service model, is currently available in Montana PAS (greater consumer control services is a CFCO requirement);
3. The level of support available to consumers who receive PAS in Montana include hands-on assistance, supervision, and queuing as is required by CFCO; and
4. The vast majority of consumers currently receiving PAS in Montana appear to meet the requirement that service recipients must need the Level of Care (LOC) of a nursing facility or ICF/MR in order to be eligible for CFCO.

Impact of Adopting CFCO in Montana: although CFCO services are very similar to those available through the existing Montana Personal Assistance Services program, there are some additional service and administrative requirements, which must be met in order to qualify for the increased federal funding under CFCO. The cost of meeting the new CFCO requirements – changes, which will enhance existing in-home support services in Montana – will be funded through the increase in federal matching funds requested in the proposed budget.

The list of federally funded CFCO changes and enhancements to existing in-home services includes:

1. The number of Montanans who receive Medicaid CFCO in-home support services will increase compared to the existing Personal Assistance Services program.
2. The average number of hours per week of support service provided to consumers who receive Medicaid CFCO in-home support services will increase when compared to the existing Personal Assistance Services program.
3. Because CFCO emphasizes consumer control and direction, all consumers who receive CFCO funded services must be given the opportunity to recruit, select, and train the workers who assist them.
4. Service providers must also offer consumers training in how to hire, supervise, and train the workers who assist them.
5. Emergency back-up systems, such as "beeper systems" or emergency response devices, must be made available to those consumers who need them. Devices such as these are not currently available under Montana's existing Medicaid Personal Assistance Services program.
6. CFCO services must be coordinated with other publicly funded long-term care services the consumer receives through a Person Centered Planning process. The existing PAS program does not require a person-centered plan.
7. Only people who would be eligible for Medicaid funded services in a nursing facility or Intermediate Care Facility for the Mentally Retarded (ICF/MR) – such as Montana Developmental Center – will be eligible for CFCO services. This kind of "Level of Care" requirement does not exist in the current Personal Assistance Services program.
8. CFCO includes a requirement that Montana develops and implements a new, comprehensive Quality Assurance system or its Medicaid funded CFCO in-home support services.
9. CFCO also includes additional data collection and reporting requirements that are a component of the existing Personal Assistance Services program.

Fact sheet created by Mike Hanshew, Montana HCBS Consulting for AARP Montana. For more information contact Claudia Clifford, 406-439-8046.

SOME FACTS & FIGURES

Montana Efforts towards Rebalancing Long Term Care Senior and Long Term Care Division

Since the mid 90's Montana has worked toward moving individuals into the least restrictive settings with a combination of expansion of the HCBS waiver services and transitions from nursing facilities to the community with funding following the individual.

- Between July 1, 2005 to fiscal year end June 2012, Montana will have increased its HCBS Waiver service slots by approximately **548** or 38%, from 1443 slots to 1991 slots.
- Between July 1, 2005 to fiscal year end June 2012, Montana will have increased the number of recipients receiving services under the Waiver by **712** individuals or by 38%. At July 1, 2005 there were approximately **1876** recipients in the waiver program. By the end of state fiscal year 2012 there will be approximately **2588** recipients.
- A slot serves approximately 1.30 individuals in a year.
- In 2001 there were 1686 individuals being served in the waiver and today there are approximately 2588, or an increase in 10 years of 902 individuals or a **53%** increase in the number of waiver recipients over a 10 year period.
- In 2010 the average length of stay on the waiting list was 132 days. This is down from an ALOS of 179 days in 2008.
- As of the quarter ended September 30, 2011, there were 451 individuals on the waiting list for waiver services.
- Since SFY 2006, **331 new** slots were created through expansion slots or through diversion efforts in the waiver program. Some of these individuals were in the nursing facility and transitioned off of the waiting list through traditional means.
- Since SFY 2006, **203** new slots were created with individuals that transitioned to the waiver from the nursing facility with the money following them into the community to develop the expansion slots in the waiver program.
- On average 47 new slots have been added each year to the waiver for the period SFY 2006-SFY 2012.
- On average 29 additional slots are added each year to the waiver for the period SFY 2006-SFY 2012 with nursing home transition efforts with a money follows the person approach.

Nursing facility occupancy has steadily fallen over the last several years and currently Montana facilities are at about **69%** occupancy statewide. In 2002 they were at about **79%** occupancy so over a 10 year period there has been a 10% decline in residents utilizing nursing facilities.

Average age of a Medicaid nursing facility resident is 80 years old. Average length of stay under Medicaid is about 2.5 years